

may demand. The auditory canal should be kept aseptic, in case a perforation of the drum should take place unexpectedly. In the acute stage of any infectious disease, no effort should be made by either patient or physician to inflate the middle ear, lest infectious material be forced into the eustachian tubes. The patient should be taught how to blow the nose, so as to allow the free escape of air. The pharynx and nasal chambers should be kept clean by means of cotton swabs, moistened in a solution of menthol and albolene, or this solution may be used in the form of vapor. The febrile conditions present in the acute stage are relieved by the usual means, and the constant application of heat made over the seat of pain, mitigates the suffering. Anodynes should be used when necessary. If conditions do not improve in twelve or twenty-four hours, and earlier, if there be bulging of the drum, a free incision of this membrane, under strict aseptic methods, is not only safe but usually affords marked relief. A narrow strip of aseptic gauze may be placed in the canal, or perhaps better left freely open, and its outer orifice slightly packed with sterile cotton. It is much safer to keep the canal clean by means of cotton swabs than by syringing. If the syringe be used the stream should not be directed toward the opening of the drum lest the fluid enter the tympanic cavity, and force septic material into the auditus and antrum. With free drainage, the majority of these cases get well quickly.

When symptoms, pointing to an involvement of the mastoid antrum and pneumatic cells, persist after a free exit has been secured through the drum for the fluid in the cavity, a more radical operation becomes necessary. In regard to the radical operation, when it is possible to do so, it is better to have the aid of a specialist or competent surgeon, as complications, such as brain abscess, or a thrombus in the lateral sinus may be met with. However, in the absence of such assistance any one possessing ordinary surgical skill, and who has a clear conception of the anatomical structures involved, especially the position of the facial nerve, and lateral sinus, should find but little difficulty in doing all that is necessary to secure efficient drainage. An incision is made through the soft structures on the surface of the mastoid. This should be about an inch and a half in length, nearly an inch from the auditory canal, and extending to the tip of the process. The hemorrhage is arrested and the anterior flap drawn forward, together with the posterior wall of the auditory canal. By means of a chisel, trephine or gouge a narrow strip of bone is removed and direct communication is established between the two cavities—tympanic and